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ABSTRACT

In response to complaints by some birthparents who agreed to transfer their parental rights and obligations to adopting parents in the past, agencies and persons interested in adoption have reexamined their practices in an effort to be more responsive to the long-term needs of birthparents and children. Before entering into any discussion of a controversial issue, it is important to examine the rhetoric. The debate has been defined, for the most part, by proponents of the new, experimental practice known as "open adoption" or "openness" in adoption. Traditional adoption, labeled "closed" adoption, suggests secrecy and narrow-mindedness. Terms such as "traditional" and "experimental" adoption would be more appropriate. Pregnancy counseling should include: (1) a realistic assessment of the birthparent's needs and resources; (2) decision-making on all options open to a woman; (3) carrying out the decision; (4) mourning of the loss of role, status, and relationship as a parent; and (5) acceptance and integration of the pregnancy and adoption experience into the individual's life. If there are problems with outcome in adoption, it should be known what has caused them. If the cause of adoption problems is more closely related to unresolved reasons for pregnancy, family problems, etc., the client is not served by focusing on only the adoption. (Author/ABL)

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PREGNANCY COUNSELING: TRADITIONAL AND EXPERIMENTAL PRACTICES

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In response to complaints by some birthparents* who agreed to a transfer of their parental rights and obligations to adopting parents in the past, agencies and persons interested in adoption have reexamined and many of them opted to change their practices in an effort to be more responsive to the needs of birthparents and children -- long term. While many of the changes have been positive, unfortunately many hold a primarily emotional appeal without having tested theoretical foundations. This new approach to service may at the least camouflage problems and at worst even create more problems for all parties involved in adoption, particularly the birthparents and child, while also proving burdensome to adoptive families. This paper will limit its focus to the needs of the birthparent, particularly the birthmother, both short and long term.

Before entering into any discussion of a controversial issue, it is important to examine the rhetoric. The debate has for the most part been defined by proponents of the new, experimental practices as "Open Adoption" or "Openness" in Adoption. This terminology clearly attempts to claim the moral high ground semantically in the discussion. The term "open" implies honesty, tolerance, acceptance, fairness, etc. On the other hand, the opposite "closed", which is how traditional adoption practices have been labeled, suggests secrecy, narrow-

* biological parents

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mindedness, punishment, restrictiveness, prejudice, unfairness, etc. The terms "openness" vs. "closedness" are misleading and in many respects dishonest because they do not accurately reflect either position. The discussion is not about candor, but about contact. So called "closed" adoptions provide complete information to clients about what the adoption process will be like for them and their child, while at the same time respecting each individual's right to privacy. Therefore, it is important to reframe the discussion with value-free terms which describe these apparently opposing service perspectives: "traditional" practices for those practices which have been practiced by adoption agencies and have a proven track record and "experimental" practices which are new to the field and have not been in effect long enough to assess their impact. At this point any research in this area is rather meager and what there is, is frequently so biased or has such a limited number of subjects, it is virtually worthless.

THE ADOPTION PROCESS FOR THE BIRTHMOTHER

There are stages which every woman considering adoption must go through in order to achieve a positive resolution to her pregnancy. These stages may not be clearly defined and may not be obvious to the woman or those around her. They may overlap and may not follow a clear sequence; however, they all must be addressed either during the pregnancy and immediately after the birth and transfer of parental rights and obligations or they are bound to surface sometime later on. We are witnessing only now, many years later, the effects on women who chose adoption for their children where the process was cut short. The experiences of these women, many of whom are still hurting today, has provided enlightenment into what pregnancy counseling must include. It

is important that any changes to be made in services improve the quality of the adoption process for all triad members and specifically for the birthparent. Services must be defined by qualified counselors who have the skills and the knowledge to understand the complexities of human relationships, particularly as they pertain to adoption. Services must not be defined by the lawyers in California and other states who need "open" adoption in order to stay in business, since attorneys in many states cannot facilitate confidential adoptions.

An examination of the necessary stages will point out what support services may be most helpful to young women considering adoption for the child. A discussion of the traditional and "experimental" services at each stage may show outcomes which may be expected in the short and long term. While each case needs to be determined individually, depending on the client's desire for counseling, the stage in her pregnancy (or after birth of the child) when she contacts the agency, etc., pregnancy counseling should include:

. a realistic assessment of the birthparent's needs and resources considering personal development, family situation, relationship with father of the baby, intelligence, economic status, educational status, client's value system, communication skills, ability to form constructive relationships with others and make sound, realistic decisions, independent living skills, etc.;

. decision-making on all options open to a woman;

. carrying out the decision -- planning for the parenting of the child and the future of the young woman;

. mourning of the loss of role, status, and relationship as a parent;

. acceptance and integration of the pregnancy and adoption experience into the individual's life.

While the adoption process provides a tremendous growth opportunity for a young woman, it is one of the most difficult decisions she will ever have to make and there will be periods which will be very painful for her. She will need indepth counseling by a professional who is skilled in decision-making and grief counseling. Pregnancy counseling is no place for a counselor who is uncomfortable with another person's pain because the counselor's own discomfort may stifle the honest expression of grief which must surface in order to be resolved. Practices which attempt to make the transfer of parental rights easier may in fact prove to be negative by inhibiting an appropriate recognition of feelings and the chance for the counselor to play a supportive role in view of the expression of such emotions.

ASSESSMENT

Each stage of pregnancy counseling is very important and none ought to be overlooked or circumvented if a positive outcome is desired. However, assessment takes the greatest skill and it is the phase which is most endangered by the "experimental" practices. The "experimental" practices focus very much on solutions. The problem is defined as "the experience of adoption is so traumatic for birth-parents, that social workers must do everything possible to lessen the loss." Unfortunately, in many instances, adoption becomes the entire focus and the many needs which birthparents come in with are not given proper attention or are even glossed over.

There are many reasons why unplanned pregnancies occur and the most important element in assuring a positive resolution is identifying

the motivation for pregnancy and/or what purpose the pregnancy may be serving for the client. In order to do this the counselor must assess the client's intellectual and developmental levels. The counselor must explore the client's family system and the client's relationships with her family, father of the baby and friends. The counselor must help the client to examine her own sexuality and how "sex" fits into it. An assessment of the client s physical and personal needs and resources must be made. The counselor must help the client to examine her future goals and expections for herself, assisting her with building a positive sense of achieved identity as well as with an assessment of the impact of ascribed identity factors.

Throughout the entire process, the counselor must be aware of the defense mechanism of denial, which is very common in unplanned pregnancy, and challenge the client to look at the reality of her situation. The counselor must aim to offer the young woman hope by acknowledging and praising her strengths, and providing her with positive choices for herself and her child.

Involvement of the client's family and male partner is very important for a number of reasons. First, they can provide information to the counselor which will be helpful in assisting the young woman. Second, they too are affected by this pregnancy and need support through it and help with determining their role and resolution of feelings of loss and grief. Third, the counselor can assess support systems and areas of conflict in order to provide more adequately for the needs of the client.

The assessment phase continues throughout the process. However, much of the assessment must be done before "carrying out the plan."

The worker should use the information she has learned from each session to guide her in the planning phases. Careful assessment will help the counselor to know how much a client will comprehend and what areas need more attention than others. The worker will then be better prepared to recognize signs of distress, ambivalence, etc. on the part of the client.

When the focus is on making the adoption easier for the client to live with, much of this critical period can be lost. There is a danger that the assessment and decision-making phase may be short-circuited by focusing too much on the adoption procedures. This is a risk with any pregnancy counseling which tends to focus on the outcome -- either parenting or adoption. Certainly young women should be assured that the agency will assist them in carrying out their decision regardless of what they decide. However, counselors must be very careful not to offer enticements to make adoption appear more acceptable by glossing over the very difficult issues of separation and loss.

Focus on the outcome also may prevent the discussion of other serious issues concerning the young woman's pregnancy and sexuality. She may not have the opportunity to analyze the relationship she has had with the father of the baby, and how she would like it to be different or similar to future relationships with members of the opposite sex. The reasons she is pregnant may never be addressed in an effort to make her feel good about the adoption. Since pregnancy is frequently only a symptom of a larger problem, addressing the symptom will not cure the disease.

Testimony by women who are still hurting years later after placing a child for adoption reveal many painful issues with which they are

struggling. However, the focus of the problem is on the adoption and it is a pain which may never go away for them. Perhaps it is because of the many other issues which were not addressed and are still not resolved. The pain continues for them because it is not only tied to the adoption, but to the problems which led up to the pregnancy and adoption. At this late date it is difficult, if not impossible, without help to make the connection -- adoption becomes an obvious scapegoat.

DECISION-MAKING

Throughout the entire process it is essential that clients are provided with full information, but it is of particular importance during the decision-making stage. It is unacceptable for counselors ever to try to "soften" the reality to "make it easier for the client to handle." Unless she has an accurate understanding of the pros and cons of each of her options, and of the reality that she is ending her parental rights and obligations and that the birthchild will become a "son" or "daughter" in the adoptive family, she cannot make an informed decision.

The first piece of information about adoption which she will need is a clear, accurate definition of what the adoption of her child by other parents means for herself and the baby. Adoption is a process which creates a new, permanent family for a child through the transfer of parental rights and obligations. Adoption was established as a child-oriented service to meet the needs of children who could not be raised by their biological families. Because the child is the most vulnerable party of the adoption triad, the focus has traditionally been on the needs of the child who cannot speak for him/herself. This

does by no means lessen the importance of the needs of the birth-parent but provides an advocate for the child's best interests. Ultimately, it is the ongoing best interest and needs of the child which brings women to the decision of adoption, as well as a realistic look at their own future role and adjustment.

The definition of adoption is critical because it is the foundation for all services to the triad. Advocates of "experimental" services have changed the definition from "establishing a new permanent family for a child" to a variety of scenarios from "shared child-rearing" to "long term foster care." It is interesting that while some in the adoption field have been advocating for more fluid relationships between children and their birth and adoptive parents, the foster care field has recognized the importance of permanency planning for children. It is unfortunate that the lessons from one branch of child welfare cannot be learned and applied by another branch. The purpose of this paper, however, is to address the needs of birthmothers and birthfathers, with particular emphasis on birthmothers since they are most likely to utilize agency services.

If advocates for "experimental" services do not accept the traditional definition, what is it that counselors tell women they are deciding? The "experimental" services do not define adoption. Adoption can mean whatever the birthparent and adoptive couple want it to mean. Therefore, the birthparent cannot make an informed decision about her or his future without negotiations with prospective adoptors. Discussions with potential adoptors of the child at this stage are inappropriate because they short circuit the decision-making process based on an examination of birthparental needs and resources alone and

places the focus prematurely on the needs of the adopting family.

There is always a potential for coercion between the birthparent and prospective adoptors because of the vulnerabilities of each party. The adoption decision is one which should be made without outside pressures. The largest complaint by regretful birthparents of the past is that they believe they were coerced. Whether there was actual coercion in their cases or not, there is at least perceived coercion because they did not adequately explore all their options based on a realistic picture of the consequences of their choices.

In the cases where "experimental" practices allow for interaction between birthparents and adoptive parents in this early stage of decision-making, well-meaning, sincere couples may make promises, which they later find they cannot keep, to make the adoption more appealing. Therefore, a birthparent may feel she is making a decision based on a clear definition of what adoption will mean for her, the child and the adoptive family. One of the things which makes the "experimental" practices so appealing to many of their supporters is that relationships continue to develop. Therefore, the clear definition that a young woman agreed to before she signs the Agreement to Adoption is not necessarily so clear a year later. We do have enough experience with the "experimental" practices to know that many women feel they have been exploited by couples who have later reneged on their initial promises. There have been a number of law suits on behalf of birthparents trying to enforce agreements. State legislatures are looking into the issue and, in one case, a law has been passed to try to enforce promises made by adoptors. In whose best interest is a forced relationship? Is this what is intended by "open?"

For a cooperative relationship to work between the two parties, with very different, often opposing needs, the agency would need to offer on-going mediation counseling. As the relationship develops, the needs and resources of all parties will continue to change, positions of power will shift. The adoptive parents who are more secure with their status as legal parents of the child may not live up to promises made in their desperation to adopt a child or made on the basis of idealistic assumptions. Birthmothers who marry and become financially secure may desire to become more involved in the parenting of the child. The possibilities for conflicts of interest and personal need are endless. The painful redefinition of roles, entitlements, and a decision-making process of sorts may have to be replayed repeatedly throughout the years.

Traditional services are candid -- some say brutally frank -- about the reality of adoption. Young women know that they are permitting their child to assume membership in a new, permanent family and are severing all social and legal ties with the child for life. The decision is made based on this knowledge after a complete examination of her and the child's needs, her resources and supports, and the dreams she has for the child and self. Traditional services do not deny the pain of separation but discuss it realistically so the birthparents can make the decision with open eyes. Role definitions and expected behavior are basically outlined and do not change over time. Confidentiality in the transfer should be respected unless by informed consent of adult parties.

ACTION PLAN

It is during the phase when the birthparents are actually making

plans for the adoption of their children that most of the "experimental" services may fail to come to grips with important aspects of decision making. There is now recognition that birthparents have a need to feel that they played an integral role in planning for their child's future so that they will have the knowledge that they fulfilled their role as a mother/father to be sure that the child is cared for by loving, stable parents. Agencies and individuals in adoption have interpreted "participation" by the birthparent(s) in many different ways.

It is interesting that the stated purpose of the "experimental", open practice is to meet the needs of the individual client, yet when one looks at agency practices, it appears that each agency has a standard set of participatory services for all clients, depending on what the workers in the agency have agreed are acceptable, rather than tailoring the process for each client. For example, if an agency decides that sharing of letters is a good idea, this may tend to influence some to share letters. To do otherwise would somehow be an admission by birthparents or adopters that they did not want to "participate."

One reason that birthparents have such a difficult time choosing adoption on behalf of their children is the pressure from society to parent. Birthmothers encounter individuals constantly throughout their pregnancy, whether friends or strangers, who state their uninformed but emotional opinions about adoption. Birthmothers are called anything from irresponsible, to cold and heartless, and seemingly transgress cultural norms. Most birthmothers are very concerned that they will be positively perceived as doing everything they can for this child while

they are involved. Few women who are uncomfortable with a particular "experimental" practice could withstand the pressures from the agency to "participate."

Many agencies say that birthparents are demanding open adoption services as their rationale for providing them. Most young people today have seen enough made-for-t.v. movies, read enough articles and books about this new "open" adoption, or have been given it as a "sales pitch" by private adoption facilitators, that they see it as the way they want to go. It is all very romantic to a teenager and falsely promises entitlements. There is a growing awareness among pregnancy counselors that when a teen comes in and says she wants to parent, that the worker should not just accept that on face value. The counselor has a responsibility to challenge the young woman to be sure she is making an informed decision based on realistic expectations. The job is the same for the counselor of a teen who comes in with grandiose plans for the child's adoption.

If the client knew everything she needed and wanted, chances are she would not be in the counselor's office. The client only knows as much as she has heard in conversation. She may not know the possible repercussions of any of her choices on herself, her baby or the adoptive family unless the social worker leads her through a thoughtful decision making process after outlining all possible options and supports available to her. She may have no other source. The counselor has an obligation to discuss what each of the choices may mean for birthparent and child on a level which can be comprehended according to the birthparent's intelligence and age. It may be necessary, particularly with teens, to involve the family in these

discussions, because they will be as needful for well based information as the birthparents themselves. In many ways, they may need more support than the client because they may see the pregnancy as their own failure and want to do whatever is best for the client now to prevent more problems in the future. If the popular literature is saying "open" adoption is in the best interest of all involved in adoption, few parents will want anything else for their daughters.

A risk of all the "experimental" services may be that so much time and energy may be spent on carrying out the plan that the decision-making and living with the decision get lost. It is like being so involved in planning the wedding that no one considers whether the marriage is a good idea.

A look at some of the specific "experimental" services raises some cautions about the benefits to all involved in the adoption process:

The Birthparent(s) Choosing the Adoptive Couple: Each young woman has an idea of the type of family she would like to have raise her child. It can be very helpful for her to feel that she has had some part in planning the type of person the child may become based on the type of home life an adoptive family can provide. All agencies allow the client to specify qualities she would like the adoptive parents to have. As with all the "experimental" services, there are different degrees of "choosing."

Workers must be very careful that in picking the qualities that a birthparent would like the adoptive parents to have that unrealistic expectations are not set. It is not uncommon for a young client, particularly the adolescent who has been deprived of effective

parenting, to fantasize about the adoptive parents as the parents she might have had (or might still obtain by "negotiating" on-going contact that will result in her being "adopted" by the family she has chosen for her child.) This may create a conflict for the young woman, particularly if she has not had the opportunity through counseling to resolve her feelings toward her own family. She may find herself, on an unconscious level, being jealous of her child, who will have the "ideal family." It is very easy for a young woman to project her own needs onto "finding the perfect parents" for her baby. In this way the baby is merely an extension of herself rather than a separate individual with separate needs. This may make if even more difficult for the young woman to achieve closure and will almost certainly impede her growth and development.

Asking clients to "choose" parents for their child assumes that they are sufficiently knowledgeable about the needs of the child and developmentally capable of making a decision which will have long term consequences on the child. Proponents of the "experimental" services claim that birthparents know better than trained social workers what is best for a particular child. There is no denying that most birth-parents want to provide membership in the "best" family for their child. However, they do not generally have the skills or the knowledge to make decisions about child care needs. They also may come from backgrounds of abuse or neglect which make it very difficult for them to judge individuals accurately. Social workers spend years in school and in practice fine-tuning these skills. They also spend a great deal of time getting to know each couple during the home study process. It is difficult to imagine that birthparents can make a better

determination of which couple can best provide for a child's needs based on a biographical summary or a short interview.

Agencies providing traditional service report that their clients feel that providing general information on "preferred qualities" is quite satisfactory. The time is spent on the decision-making process and helping the young woman put the experience into perspective so that she can grow from it and feel positive about it. Because the young woman has had a chance to examine her own needs and separate them from her child's needs she is able to recognize that it may be her need for the parents to like horses, but that her child will do just as well without horses. Many young women prefer the social worker to pick the families for their children. In traditional agencies, this is fine. When asked how the agency would handle the situation if the young woman wanted the social worker to choose the family, a director at an agency which provides "open adoption" services responded that it would be okay, but the worker would assume the client was in denial and work with her on it.

Letters and gifts: Many agencies ask birthparents to write letters to their children explaining why they chose adoption. The process of writing the letter may be very healing for a birthparent as it provides the opportunity to express her feelings about the pregnancy and the adoption. This is an area where workers must exercise extreme caution with regard to particular birthparents and the effects of the letters on the children and adoptive families as they grow.

First, not all birthparents have good writing skills and many may be self conscious about leaving something in writing to their child if they feel it may not portray them in a good light. Second, an

important part of any letter writing process, particularly one where such deep emotions are expressed, is the anticipation of the response from the other party. The letter writing provides no resolution to the young woman because there can be no reaction from the child, at least for a very long period of time, if ever. The letter itself may prevent a young woman from accepting the finality of the adoption because she may always wonder when her child will receive the letter and how he will react. Third, while writing thoughts and feelings in letters has a cathartic value for the writer, it is not always helpful to the recipient. Hopefully, the caseworker will be very careful that letters expressing much anger and pain will not be sent to children. However, what does the caseworker who has promised a young woman that she may leave a letter for her child do when she finds that the letter(s) which the woman writes are not suitable for a child because she has not yet worked through her anger and shame? Everyone has experienced a time when they have written things which they regret later and the pregnancy is a very vulnerable time. How can we protect young women who wrote letters in their youth and in their confusion, who now wish they were never sent? Fourth, the adoptive parents, who have become the child's parents in every regard, need to decide whether or not they will share the letter with the child. Will couples be selected as adoptive parents only if they are willing to share the letter? The practice may result in emotional blackmail and cause couples to make promises they are unable or unwilling to keep in order to adopt a child. If letter sharing is a regular practice of the agency and therefore open to each birthparent, will the agency tell the birthparent of the prospective adoptive couple's unwillingness to share the letter and if so, will

this information be cause to veto a particular couple? In light of the new "openness" it seems that the information should be shared and that the birthparent should have the right to decide whether or not the couple will be allowed to adopt the child as she has chosen the other qualities. Certainly, birthparents should be allowed to have input into their child's future, however, do we want an adoption system where prospective adoptive parents are expected to give up their individuality to conform to the wishes of the system and have birthparents dictate child rearing practices to them? During the home study process the agency already determined that the couple's ideas of child rearing are sound and beneficial to a child.

Face to face Meeting between Birthparent and Potential Adoptive Family.

Face to face meetings carry the same risks as many of the other practices. There is the potential that negative judgments may be made about either party based on first impressions during a very stressful time. If the birthparent does not like the way the adoptive couple looks or dresses she may decide she does not want her child to be adopted by them. On the other hand, if the adoptive couple does not like the way the birthparent looks, that may have a negative effect on their attitude toward the birthparent and consequently the way they portray the birthparent to the child.

If contact is made prior to relinquishment and a couple is notified that they will be adopting a particular child, it may be more difficult for a young woman to feel she is making a free choice based on her needs. If she changes her mind, she may feel that she has let the couple down. If contact is made at the time of placement and either party feels ambivalent about the other party, they may deny

their discomfort and proceed with the plan feeling it is too late to do anything about it.

It is not uncommon for birthparents to fantasize about the children they placed for adoption when they see other children of the same age. Having a mental image of the adoptive couple in their mind may make it more difficult as they may always be imagining that they will meet them again on the street or at the mall. It would also be easier for a birthparent to try to locate adoptive parents after a face to face meeting, if one was so inclined. Many agencies which are involved with face to face meetings report that often during face to face meetings identifying information is shared unintentionally during the course of the conversation.

Continued contact through letter writing, exchange of pictures or personal contact. There may be several problems with continued contact. 1. As discussed in detail in the "mourning" section, continued contact with the child denies the loss which occurs through an adoption and prevents birthparents from grieving, creating more problems for them. 2. Continued contact may be very confusing for all parties trying to figure out what the role of the birth parent is, as relative to the role of the adoptive parents. It may be particularly difficult for the child, who may feel he is caught in the middle. He may also be confused by the double messages he is getting about the birthparent who could not care for him, yet is there, and as far as he can see, is quite capable of parenting. For the birthmother, particularly the teen, whose developmental task is to establish her identity, the continued contact can lead to a developmental crisis of role confusion -- is she a mother or a teen? If a mother, why does she

not have the same rights and responsibilities and how will this affect her mastery of the role of mother at a later date if she has more children which she chooses to parent? 3. As the different parties grow, shifts in the balance of power may take place. One or more parties may decide that contact is no longer desirable, yet the other party has built his/her life around certain expectations. Or, one party may decide more contact is needed or wanted. If, as the young woman becomes more independent, and does not like the way the adoptive parents are raising her child will she be tempted to try to take custody? If the adoptive parents begin to have problems with the child, will they try to transfer responsibility to the birthparent?

Contact when the Child Reaches The Age of Majority It is one thing to allow adult adoptees and birthparents to meet each other, if both parties are interested in a meeting. However, with the activity now on search and attempts to open adoption records, many counselors are suggesting to clients that they may want to leave something in the record stating that they are agreeable to a meeting at the time of the child's majority. There are a couple of dangers to this approach. First, the client as a teen or young woman does not know what her life circumstances will be in 18, 21 or 25 years. She may decide now that she would like contact. Yet, in 18 years may not want that contact. While she has the option of changing her mind, that is a very difficult thing to ask of a woman. She agreed to contact, believing it is in the best interest of the child. It would be very hard for a woman to, years later, say she changed her mind. If she was told it was best for the child, what is this change of mind saying -- "I am putting my needs over the child's"? The same may happen when a birthparent is contacted

by an agency and asked if he/she is willing to have contact. Are we asking her to state that she must put her needs ahead of the child? While counselors may not be thinking of it in those terms, many birthparents do and feel they really have no choice, and once again put their feelings aside for the sake of the child. How many times during a life time can we ask these women to do this?

A second danger, is the young woman who chooses adoption knowing that she may have contact in 18 years. There is the temptation to view the adoption placement as only temporary and the relationship, at least in some form, will resume in 18 years. This may be extremely damaging to a young woman who needs to begin to plan her life in the here and now, rather than project that there is a possibility of the child reentering in 18 years and building her life around that expectation. In talking with some young women it is almost as if they are putting their lives on hold for 18 years, until they "can be happy again." The message to them of possible future contact is "don't worry, the pain is only temporary, you will have your child back in 18 years. This views adoption as long term foster care and denies the reality for the young woman, preventing successful mourning of her loss. Realistically, a small percentage of adoptees search for their biological parents. Young women who have given permission for contact may harbor hope that the child will search only to be disappointed if he/she does not.

MOURNING

Often the most difficult part of making any decision is actually the making of the decision itself. Often individuals will feel a sense of relief in having closure on a very painful issue, particularly if they feel that they were adequately forewarned of the consequences and

chose the course which was most acceptable to them. Unfortunately, regardless of what services are available to young women and men, adoption involves a loss. The pain of any loss is deep. It may not be felt immediately, but it will be felt. If it is not acknowledged at the time of the loss it will surface later, sometimes more intensely and often it will be very confusing to the individual because the time lapse makes it difficult to make the connection between the loss and the pain.

Grief counseling is essential for all birthparents who choose adoption for children born to them. It is a service which agencies should make available to women at any time after the adoption decision is made. Each individual reacts to a loss differently, employing a variety of defense mechanisms to cope with the pain: denial, repression, suppression, projection, blaming, victim image, etc. Such defenses are helpful to the individual on a short term basis to enable her to feel only as much pain as can be handled at that point. However, if individuals depend on any defense for too long it will begin to be counterproductive. The counselor's job is to assess whether the defenses are productive or disabling. If the defense mechanisms are inhibiting growth, the counselor must help the birthparent to confront the pain in a nonthreatening way so that he/she can gain control of it. The counselor must take him/her through the stages of denial, anger, bargaining and depression so that she can finally come to acceptance and find peace. There are no short-cuts. Unfortunately, nothing counselors can do can lessen the pain and any attempts to do so may create more pain because they may actually inhibit the resolution. All counselors can do is provide support and

perspective through the process. Without assistance or understanding of the process, it is possible for individuals to become stuck at one of the stages or go back and forth between them without resolution.

Redefining the adoption process which allows for continued involvement in the life of her child may foster a denial that there is a loss. Messages that the process will be easier for the birthparent if there is on-going contact are misleading. Regardless of the amount of contact, the birthparent experiences a loss of parenting that child. Twenty-five years ago society offered insufficient support for the birthparent because it did not fully face up to and recognize the loss. Progress has been made in the direction of a growing awareness that women connect with their unborn children prior to birth and that loss by abortion, miscarriage or adoption creates a great painful void for women. However, social workers today know there is a loss but those utilizing "experimental" practices are trying to remove it from the process. The end result is the same for the birthparent regardless of the knowledge and motivation of the helper. She receives no support for her loss and is not allowed to grieve.

Whether individuals are consciously aware of it or not, they will go through the necessary stages of grieving. However, it may be more difficult or even impossible if they do not confront their pain and the reasons for it. Feelings of anger and depression will be very confusing if they cannot make the connection. If they are not told that legitimate expressions of grief are to be expected and normal, they may view their emotions as irrational and feel guilty about having them. Instead of working through the anger and depression these may become more pronounced. Some women who planned adoption for their

children in the past and were not able to grieve, still carry intense anger toward the agency and the adoption system. The public image over time sees adoption decisions in changed ways and birthparents need to understand how this impacts on their feelings about themselves and others close to them. While the agency and the system and society's climate of the day played a role in her adoption decision, there were other parties involved -- family, father of baby, self, etc. However, often the years have shifted the focus to just the agency and system, making it difficult for the woman to let go of the anger because she can no longer identify the roots of the reasoning process of long ago.

ACCEPTANCE AND POSITIVE INTEGRATION OF THE PREGNANCY AND ADOPTION EXPERIENCE INTO THE INDIVIDUAL'S LIFE

There is a saying that "joy is in the mourning" and many women who have chosen adoption for their children can attest to it. Traditional services candidly discuss the pain and the capacity for a happy life after the pain subsides. There is no suggestion that the woman will "forget" her child or the pain of the loss. However, a young woman is provided with the realistic expectation, that in time the pain will not be as intense and eventually, she can come to accept the loss and be content with the knowledge that she did what was best for herself and her child.

Every crisis event, every unplanned pregnancy has the capacity to be a positive growth experience. For some young women, who have gone from crisis to crisis in their young lives, the pregnancy may provide the opportunity, with quality counseling, to address her many needs and take control of her life. Making an adoption plan for her child enables a young woman to also make a plan for herself. Many birth-

parents who chose adoption for their children state that while it was not an easy process, it was an experience which turned their lives around.

Many of the promoters of the "experimental" services view adoption as a pathology -- something a birthparent will never get over. The view that separation of a mother and child cannot happen without a neverending trauma negates the experience of every mother - child relationship. All mothers and fathers must separate from their children at some point in their life; however, when it is done for the correct reasons and each party is prepared, it is viewed as a growth experience.

If there are problems with outcomes in adoption, let's be sure we know what caused them. Let's be sure that the problems we are hearing about now are directly related to the adoption, rather than scape-goating the adoption. If a child has a toothache and the dentist pulls the tooth, it does not solve the problem of the ache if the cause was a sinus infection. The same is true for "treating adoption problems". We can focus all we want on the adoption, but if the cause is more closely related to the unresolved reasons for pregnancy, family problems, etc., we will not be doing the client any good.